

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10586082	FILING DATE					
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15	/		/				65						
16		/		/			66						
17		/		/			67						
18		/		/			68						
19		/		/			69						
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22		/		/			72						
23		/		/			73						
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26		/		/			76						
27		/		/			77						
28		/		/			78						
29		/		/			79						
30		/		/			80						
31		/		/			81						
32		/		/			82						
33		/		/			83						
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36		/		/			86						
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38		/		/			88						
39		/		/			89						
40		/		/			90						
41		/		/			91						
42		/		/			92						
43		/		/			93						
44		/		/			94						
45		/		/			95						
46		/		/			96						
47		/		/			97						
48		/		/			98						
49		/		/			99						
50		/		/			100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	29	←	29	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	31		29				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

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